

**MULTIPLE DEFENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		1		1		
7		1		1		
8		2		2		
9	1		1			
10		1		1		
11		2		2		
12		2		2		
13		2		2		
14		1		1		
15		1		1		
16		2		2		
17	1		1			
18		1		1		
19		2		2		
20		2		2		
21		2		2		
22		1		1		
23		1		1		
24		2		2		
25				1		
26				1		
27				1		
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49						
50						
TOTAL IND.	9		3			
TOTAL DEP.	33		36			
TOTAL CLAIMS	36		39			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						